

Golden Hope Care Ltd

Golden Hope Care Ltd

Inspection report

Percy Street
Swindon
SN2 2AZ

Tel: 03334330271

Date of inspection visit:
22 February 2023

Date of publication:
14 March 2023

Ratings

Overall rating for this service	Good ●
Is the service safe?	Good ●
Is the service effective?	Good ●
Is the service caring?	Good ●
Is the service responsive?	Good ●
Is the service well-led?	Good ●

Summary of findings

Overall summary

About the service

Golden Hope Care Ltd is a domiciliary care agency providing care to older people in their own homes in Swindon and the surrounding area. At the time of our inspection 1 person was receiving the regulated activity of personal care from the service. Not everyone using the service received personal care. CQC only inspects where people receive personal care, which is help with tasks related to personal hygiene and eating. Where they do, we also consider any wider social care provided.

People's experience of using this service and what we found

This person was protected from abuse and harm. A staff member demonstrated they knew how to report any concerns relating to people's safety and the service had systems to report and investigate concerns. Risk assessments identified how potential risks should be managed to reduce the likelihood of people experiencing harm. The staff member understood the risks to people and delivered safe care in accordance with people's support plans.

There were sufficient staff deployed to keep people safe and meet their needs. The registered manager and a member of staff completed care visits. Two newly recruited staff were completing their training. A relative told us staff were punctual and the person had not experienced a missed visit. The service aimed to ensure only suitable staff were selected to work with vulnerable people, and checks were carried out to allow safe recruitment decisions to be made.

The staff received an induction and training to enable them to meet people's needs effectively. We saw that supervision meetings and spot checks were scheduled for staff who told us they felt supported by the registered manager to perform their role. The person was supported to have maximum choice and control of their life and staff provided them with care in the least restrictive way possible and acted in their best interests; the policies and systems in the service promoted this practice.

The person's care plan was person-centred and focused on what was important to them. For more details, please see the full report which is on the CQC website at www.cqc.org.uk

Rating at last inspection and update

This service was registered with us on 18 May 2021, and this is their first inspection.

Why we inspected

This was a planned inspection for a newly registered service.

Follow up

We will continue to monitor information we receive about the service until we return to visit as per our re-inspection programme. If we receive any concerning information, we may inspect sooner.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Good ●

The service was safe

Details are in our Safe findings below

Is the service effective?

Good ●

The service was effective

Details are in our Effective findings below

Is the service caring?

Good ●

The service was caring

Details are in our Caring findings below

Is the service responsive?

Good ●

The service was responsive

Details are in our Responsive findings below

Is the service well-led?

Good ●

The service was well-led

Details are in our Well-Led findings below

Golden Hope Care Ltd

Detailed findings

Background to this inspection

The inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 (the Act) as part of our regulatory functions. We checked whether the provider was meeting the legal requirements and regulations associated with the Act. We looked at the overall quality of the service and provided a rating for the service under the Health and Social Care Act 2008.

Inspection team

The inspection was carried out by 1 inspector.

Service and service type

This service is a domiciliary care agency, which provides personal care to people living in their own homes.

Registered Manager

This service is required to have a registered manager. A registered manager is a person who has registered with the Care Quality Commission to manage the service. This means that they and the provider are legally responsible for how the service is run and for the quality and safety of the care provided. At the time of our inspection there was a registered manager in post.

Notice of inspection

We gave the service 48 hours' notice of the inspection. This was because it is a small service and we needed to be sure that the provider or registered manager would be in the office to support the inspection.

Inspection activity started on 22 February 2023 when we visited the locations offices and inspection activities concluded on 24 February 2023.

What we did before the inspection

The provider was not asked to complete a provider information return prior to this inspection. This is information we require providers to send us to give some key information about the service, what the service does well and improvements they plan to make. Prior to our inspection, we reviewed information we held about the service. This included any information received and statutory notifications. A notification is

information about important events which the provider is required to send us by law. We took this into account when we inspected the service and made the judgements in this report.

During the inspection

We could not speak with the person using the service as they could be distressed by the call. However, we spoke with their relative. We also spoke with the registered manager. We reviewed a range of records relating to people's care and the way the service was managed. These included care records for this person, staff training records, the member of staffs recruitment file, quality assurance audits, complaints system, and records relating to the management of the service.

After the inspection

Following our visit to the office we continued to gather evidence and we contacted the member of care staff.

Is the service safe?

Our findings

Safe – this means we looked for evidence that people were protected from abuse and avoidable harm.

This is the first inspection for this newly registered service. This key question has been rated good. This meant people were safe and protected from avoidable harm.

Systems and processes to safeguard people from the risk of abuse

- The relative told us the person was safe. They said, "Yes, absolutely safe. They [staff] are very caring"
- Staff were trained in safeguarding adults and understood their responsibilities to identify and report any concerns. They were aware that incidents of potential abuse or neglect should be reported to the local authority. One staff member said, "If I suspect client abuse, I would report to my manager. I would not be afraid to speak out and report all evidence and suspicions of possible abuse or harm and would document all information and evidence."
- Systems were in place to safeguard people from harm and abuse. The registered manager told us they would record and investigate all concerns and work with the local authorities.

Assessing risk, safety monitoring and management

- Risk assessments were in place to help keep people safe and contained guidance for staff to manage the risks. These included risks associated with mobility, falls, eating and drinking and environment. For example, one person was at risk of falls and used a frame to mobilise. Staff had guidance on how to safely support the person to mobilise, which included ensuring the person's frame was within reach and there were no trip hazards such as cables or rugs
- Presenting risks were planned to be regularly reviewed to ensure people were safely supported. This person was supported by regular staff who understood their needs and could respond swiftly as and when their needs and risks changed.

Staffing and recruitment

- The person's relative told us staff were punctual and had not experienced a missed visit. They said, "They [staff] are punctual, always on time. In fact they sometimes stay longer than the allocated visit time."
- Staff recruitment checks including criminal checks with the Disclosure and Barring Service were carried out to ensure people were protected from being supported by unsuitable staff.
- There were sufficient numbers of staff available to keep people safe and meet their needs. One member of staff told us, "There is currently enough staff. I do not feel rushed, we have enough time for the call to support the client. If I feel the client requires more time to support them well, I will inform my manager."

Using medicines safely

- The person's medicines were managed by their relative. A 'self-medication' risk assessment was in place that provided information on what medicines this person had been prescribed.
- Staff told us, and records confirmed staff had been trained in administering medicines safely. Spot checks were planned to be conducted to ensure staff followed safe practice.

Preventing and controlling infection

- We were assured that the provider's infection prevention and control policy was up to date.
- We were assured that the provider was using PPE effectively and safely.
- This person's relative told us staff wore appropriate PPE.

Learning lessons when things go wrong

- There was a system in place to report incidents and record actions taken as a result. The registered manager told us reflective meetings would be held to learn from incidents.
- The management team were open and honest when things went wrong and promoted a learning culture within the service.

Is the service effective?

Our findings

Effective – this means we looked for evidence that people's care, treatment and support achieved good outcomes and promoted a good quality of life, based on best available evidence.

This is the first inspection for this newly registered service. This key question has been rated good. This meant people's outcomes were consistently good, and people's feedback confirmed this.

Assessing people's needs and choices; delivering care in line with standards, guidance and the law

- The person's needs were assessed prior to commencing their care in order to ensure their care needs could be met in line with current guidance and best practice. These included their preferences relating to their care and communication needs. This person's relative said, "It was a very thorough assessment and [person] and I were fully involved. After I was able to read it and check it through."
- The provider considered people's protected characteristics under the Equality Act to make sure that if the person had any specific needs these were met. For example, relating to their religion, culture or sexuality.
- The person's risk assessments and care plans considered all aspects of their lives.

Staff support: induction, training, skills and experience

- This person was supported by staff who had the skills and knowledge to meet their needs.
- New staff completed an induction that was linked to the Care Certificate. The Care Certificate is a set of standards that social care and health workers adhere to in their daily working life. Staff were supported through spot checks, and supervision meetings.
- Staff received ongoing training relevant to their roles, and specific to people's needs. We asked staff if their training gave them confidence in their role. One staff member said, "My training gave me confidence to be able to do my job. If I require further training, I will let my manager know. I am aware to do my refresher training every year."

Supporting people to eat and drink enough to maintain a balanced diet

- This person was supported to maintain a healthy diet.
- This person's care plan contained information about their dietary needs and preferences. The staff member told us that they supported people with their meals and drinks during support visits to ensure people had a balanced diet.
- Care plans contained details about how to support people at mealtimes. The person's relative told us, "The staff prepare [person's] meals at weekends. We use microwave meals or sandwiches we've made. It works well and the staff are very capable."

Staff working with other agencies to provide consistent, effective, timely care; Supporting people to live healthier lives, access healthcare services and support

- The registered manager and staff member were knowledgeable and well informed about people's health and wellbeing. The registered manager told us, "If needs be, we will support them [people] with referrals and appointments and of course, work with healthcare professionals."

Ensuring consent to care and treatment in line with law and guidance

The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The Act requires that, as far as possible, people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible.

People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA.

When people receive care and treatment in their own homes an application must be made to the Court of Protection for them to authorise people to be deprived of their liberty. We checked whether the service was working within the principles of the MCA.

- The person's care plan contained relevant consent to care documents signed by the person's legal representative.
- Staff received training in relation to the MCA and had a good understanding of its principles. The person was supported wherever possible to make their own decisions. One staff member explained how the MCA affected their work. They said, "Mental Capacity lets me consider whether I could support client in a way that interferes less with their rights and freedoms of action. I have to support client with dignity and respect. Where a client lacks capacity, I have to choose the option which is in their best interests. This will be in the care plan where this is in place. Everything we do must be documented."
- This person was encouraged to express their wishes and preferences, and the service would adapt their approach to meet their needs. The person's relative commented, "They [staff] always ask permission to help. [Person] likes things done a certain way, as we all do, and the staff member is adapting to her ways. They are getting on just fine."

Is the service caring?

Our findings

Caring – this means we looked for evidence that the service involved people and treated them with compassion, kindness, dignity and respect.

This is the first inspection for this newly registered service. This key question has been rated good. This meant people were supported and treated with dignity and respect; and involved as partners in their care.

Ensuring people are well treated and supported; respecting equality and diversity

- The person's relative told us how the staff were caring and supportive. They said, "Very caring, oh yes. I am confident because I see how they treat [person]."
- Staff knew how this person wanted to be supported and were aware of what was important to them. Care staff spoke with us about their professional relationships with people. The staff member said, "I promote their wellbeing by making the client feel valued and considered."

Supporting people to express their views and be involved in making decisions about their care

- This person's care plan was developed with the person and their relative, where appropriate. The relative told us, "The team at Golden Hope listened and took all our comments on board."
- The registered manager met with the person and their relative on support visits and sought their feedback.
- We saw that the person and their relative were regularly asked for their views of the service.

Respecting and promoting people's privacy, dignity and independence

- Staff ensured the person was fully involved with their care, promoting dignity and respect.
- The person was treated with respect and their dignity was preserved. Staff told us they would ensure doors and curtains were closed when carrying out personal care. One staff member said, "I must treat clients with dignity and respect by the way I deliver care. To treat client with care and be polite. To respect their view. During personal care for example to be mindful of exposure and in privacy. Also, to be respectful of the client's environment and premises with their belongings, etc. I will also treat with respect by not rushing client to do things like mobilising, eating and drinking. Be mindful of language used when in the presence of the client."
- People and their relatives we spoke with told us staff encouraged independence. The relative told us "The staff let [person] do what she can and will only step in when she needs help."
- The provider followed data protection law. Information about people was kept securely so confidentiality was maintained.

Is the service responsive?

Our findings

Responsive – this means we looked for evidence that the service met people's needs.

This is the first inspection for this newly registered service. This key question has been rated good. This meant people's needs were met through good organisation and delivery.

Planning personalised care to ensure people have choice and control and to meet their needs and preferences

- This person had an individualised care plan that supported a person-centred approach. We saw there was clear guidance on how to meet people's individual needs. For example, the person's morning routine was detailed and including what choices would be made in the morning and what support was required to get dressed.
- The person's care files included information about their personal histories, what was important to them and how they wished to be supported. Staff were provided with guidance on how to support the person in line with their wishes.
- Care plans reflected the person's health and social care needs and demonstrated that other health and social care professionals had been involved.

Meeting people's communication needs

Since 2016 all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard. The Accessible Information Standard tells organisations what they have to do to help ensure people with a disability or sensory loss, and in some circumstances, their carers, get information in a way they can understand it. It also says that people should get the support they need in relation to communication.

- This person's individual communication needs had been assessed and recorded. Staff were provided with guidance on how to promote effective communication. One person had requested staff, 'please make eye contact with me and speak clearly. Check I have understood what was said'.
- Staff were knowledgeable about this person's communication support needs and the person was supported to use information in accessible ways. For example, this person used glasses and hearing aids. Staff were provided with guidance on how to support this person's communication needs effectively. Documents were available to people in large print or, if required foreign languages.

Improving care quality in response to complaints or concerns

- The person's relative told us they knew how to complain and were confident the management team would resolve any issues. They said, "I would go straight to [registered manager] who would deal with the issue."
- The complaints policy was up to date and available to all. The registered manager told us complaints would be dealt with compassionately, in line with the policy.
- Systems were in place to record and investigate any complaints.

End-of-life care and support

- At the time of the inspection no one was being supported with end of life and palliative care needs.
- The provider had systems and procedures in place to identify people's wishes and choices regarding their end-of-life care.
- The registered manager told us they would respond to any requests or advance wishes and seek support from healthcare professionals to support people who required end of life care.

Is the service well-led?

Our findings

Well-Led – this means we looked for evidence that service leadership, management and governance assured high-quality, person-centred care; supported learning and innovation; and promoted an open, fair culture.

This is the first inspection for this newly registered service. This key question has been rated good. This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people

- The person's relative told us they were happy with the service and support provided and would recommend them. Their relative said, "As far as I can see, everything is very well run. I would certainly recommend them."
- The registered manager demonstrated they worked closely with staff and external professionals to offer a good service and to review practices to drive improvements. They took part in the inspection in a way that demonstrated their commitment to learn and improve the service.
- Staff felt the management team were supportive, fair and understanding. The staff member told us, "The management is good. They are supportive and I can call the manager anytime."

How the provider understands and acts on the duty of candour, which is their legal responsibility to be open and honest with people when something goes wrong

- The registered manager was responsive to issues and concerns and understood their responsibility to be open and honest if things went wrong.
- The registered manager and provider understood the 'Duty of Candour.' This regulation sets out specific requirements that providers must follow when things go wrong with care and treatment. These include informing people and their relatives about the incident, providing reasonable support, providing truthful information and an apology when things go wrong.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements

- There was a range of checks and audits to monitor the quality and safety of the service and to help drive improvements. These included checks on risks to people, care plan reviews, and regular quality visits to this person's home. We saw an electronic monitoring system was being installed which would monitor care visits. The registered manager told us, "This will give me greater flexibility in managing and monitoring my systems and will help me expand the service."
- Leadership at the service had a clear vision of how they wanted the service to run and put people at the centre of what they did.
- The registered manager had a good understanding of notifications and when to notify CQC. A notification is information about important events which the provider is required to send us by law.

Engaging and involving people using the service, the public and staff, fully considering their equality

characteristics

- This person and their relative were encouraged to express their opinions either in person or via the telephone. Surveys were planned for the near future.
- Staff had a clear understanding of their roles and their day to day work which focused on the people they supported. The staff member told us, "Yes, I have good communication with my manager. He is patient and listens to me. We discuss our client [person] regularly"
- The provider had an equality and diversity policy which stated their commitment to equal opportunities and diversity. Staff knew how to support people without breaching their rights.

Continuous learning and improving care; Working in partnership with others

- The registered manager told us, "We will work with healthcare services and safeguarding teams as the need arises. We have our first client [person] and we are in a good position to grow and expand. I want to do this safely at a steady pace. We are learning all the time."
- Staff had access to further training.